PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

66638-40276

CLAIMS AS FILED - PART I (Column 1)						mn 2) SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				RATE	FEE	оп 1 1	RATE	FEE	
FOR					A.V. (1.475)	ED EVEDA	BASIC FEE				-	
FOR			NUMBER FILED		NOWB	ER EXTRA	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			Minus 20=		*	8/	X\$ 9≕		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		<u> </u>	9	X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT						+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in co					olumn 2	TOTAL		OR	TOTAL	787		
CLAIMS AS AMENDED - PART II]	OTHER		
	e de provincio escala i visual de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del	(Column 1)		(Colur		(Column 3)	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus ***			=	X42=		OR	X84=	Ÿ	
L_	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		+140=		OR	+280=		
			*				TOTAL			TOTAL		
		(Calumn 1)		(Calum	O	(Oak 0)	ADDIT. FEE		JOIN.	ADDIT. FEE.		
		(Column 1) CLAIMS		(Colur		(Column 3)		455			100	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM				Оп	· · · · · · · · · · · · · · · · · · ·		
							+140=	-1-	OR	+280=		
						* .	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	*	OR	X\$18=		
	Independent	*	Minus	***		=	X42=			X84=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		X 2		OR	7,042		
*	f the entry in colu	mn 1 is less than th	ne ëntry in côli	ımn 2 writa	"O" in cal	umn 3	+140=		OR	+280=		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
***	If the "Highest Nu	mber Previously Pa	aid For" IN TH	IS SPACE I	s less tha	n 3, enter "3."	ADDIT. FEE		- 3	ADDIT, FEE		